

**USDA-ARS-MWA-Madison Location**

**INCIDENT/ACCIDENT  
SUPERVISOR REPORT (IR-S-2009)**

**Specify Unit Location:**

- ☐ CCRU - 502 N. Walnut Street
- ☐ DFRC - 1925 Linden Drive
- ☐ DFRC Farm - S8822 State Rd Hwy 78, PDS
- ☐ DFRC Farm - , 2615 E. 29<sup>th</sup> St., Marshfield
- ☐ VCRU - 1575 Linden Drive
- ☐ VCRU- Russell Labs - 1630 Linden Drive
- ☐ VCRU-Sturgeon Bay - 4312 Hwy 42, SB
- ☐ FISH - GLWI, 600 E. Greenfield Ave, Milwaukee

**TO BE COMPLETED BY SUPERVISOR:**

NAME \_\_\_\_\_

*(Forward completed report along with  
incident report to Administrative Office)*

**SUPERVISOR REPORT BASED ON ATTACHED INCIDENT/ACCIDENT REPORT**

***Incident/Accident Report Information (attach report)***

Employee Name: \_\_\_\_\_

Date \_\_\_\_\_ (Month/Date) Time \_\_\_\_\_ ☐ AM ☐ PM

Date Incident/Accident Report Received from Individual: \_\_\_\_\_

***Incident/Accident Report Supervisor Verification***

1. Was report filed in timely manner? ☐ Yes ☐ No
2. Was the Supervisor notified immediately? ☐ Yes ☐ No
3. Was the SHEM Committee Member for the Management Unit notified? ☐ Yes ☐ No

Name of Committee Member: \_\_\_\_\_

4. Was the Research Leader for the Management Unit notified? ☐ Yes ☐ No
5. Did the incident/accident require medical attention? ☐ Yes ☐ No

If so, please explain where individual sent: \_\_\_\_\_

6. Did the individual complete Workers Compensation Form CA-1 in Admin Office within 24 hours of incident/accident involving personal or potential personal injury? ☐ Yes ☐ No

*(Note: Copy of report, CA-1 & medical reports must be maintained in 30-year employee OSHA file.)*

7. Were any difficulties encountered in responding to incident/accident? ☐ Yes ☐ No

If so, please explain: \_\_\_\_\_

***Supervisor Analysis of Incident/Accident***

1. Does the employee report accurately reflect the situation? ☐ Yes ☐ No

If not, please explain: \_\_\_\_\_

### ***Actions Taken to Avoid Repeat Occurrence***

1. Is additional or repeat training required of employee? ☐ Yes ☐ No  
If yes, when has the training been scheduled? (Please specify when/where)

\_\_\_\_\_

2. Does the action require a change in protocol or procedure to avoid future reoccurrence?  
☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Is the change in protocol or procedure to be lab specific or is the recommendation to implement change location-wide? ☐ Lab Specific ☐ Location-wide

4. Has the change in protocol/procedure been documented? ☐ Yes ☐ No

Has the change in protocol/procedure been recommended for incorporation into the Lab's Chemical Hygiene Plan? ☐ Yes ☐ No

5. Has the change in protocol/procedure been communicated to personnel? ☐ Yes ☐ No

How are personnel to be trained in new protocol/procedure. Please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Other Comments: \_\_\_\_\_

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***Supervisor Signature***

Signature:

Date: